

<p style="text-align: center;"><b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b></p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td style="width: 50%;">10/009,450</td> <td style="width: 50%;">Conf. No. 1697</td> </tr> <tr> <td>Filing Date</td> <td colspan="2">December 6, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td colspan="2">Gregory R. Collins</td> </tr> <tr> <td>Art Unit</td> <td colspan="2">1723</td> </tr> <tr> <td>Examiner Name</td> <td colspan="2">KIM, SUN U</td> </tr> <tr> <td>Attorney Docket Number</td> <td colspan="2">0179/0857-US1</td> </tr> </table>	Application Number	10/009,450	Conf. No. 1697	Filing Date	December 6, 2001		First Named Inventor	Gregory R. Collins		Art Unit	1723		Examiner Name	KIM, SUN U		Attorney Docket Number	0179/0857-US1	
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<p><b>I hereby revoke all previous powers of attorney given in the above-identified application.</b></p>			
<p><input type="checkbox"/> A Power of Attorney is submitted herewith.</p>			
<p><b>OR</b></p>			
<p><input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <b>76808</b></p>			
<p><input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to:</p>			
<p><input checked="" type="checkbox"/> The address associated with Customer Number: <b>76808</b></p>			
<p><b>OR</b></p>			
<p><input type="checkbox"/> Firm or Individual Name</p>	<p>Address</p>		
<p>City</p>	<p>State</p>	<p>Zip</p>	<p>Country</p>
<p>Telephone</p>		<p>Email</p>	
<p><b>I am the:</b></p>			
<p><input type="checkbox"/> Applicant/Inventor.</p>			
<p><input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</p>			
<p><b>SIGNATURE of Applicant or Assignee of Record</b></p>			
<p>Signature</p>	<p><i>Gerald J. Kuchlanski</i></p>		
<p>Name</p>	<p>Gerald J. Kuchlanski</p>		
<p>Date</p>	<p><i>March 9, 2010</i></p>	<p>Telephone</p>	<p>201-343-5202</p>
<p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>			
<p><input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.</p>			

{0179/0857-US1/00045767.1}

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